

APPLICATION FOR ELECTRICAL PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN

	EACH	NO.	FEE
New Residential Bldgs & Pools			
1 & 2-Family, Sq. Ft. _____	\$.025	—	\$ _____
Multi-family Sq. Ft. _____	.02	—	_____
Residential Swimming Pools	20.00		
Outlets: Light, Switch & Receptacle			
First 20	.50	13	6.50
Additional	.30		
Lighting Fixtures			
First 20	.50	5	2.50
Additional	.30		
Fixed Appliances Not Over 1 HP			
Range _____ Heater _____ D.W. _____			
Oven _____ Dryer _____ W.M. _____			
Top _____ FAU _____ W.H. _____			
Hood _____ Fan _____			
Disp. _____ A.C. _____	2.00		
Power Apparatus & Large Appliances			
Size & Type HP, KW, KVA, or KVAR			
_____ Up to 1 Incl.	2.00		
_____ Over 1 to 10 Incl.	5.00		
_____ Over 10 to 50 Incl.	10.00		
_____ Over 50 to 100 Incl.	20.00		
_____ Over 100	30.00		
Services			
0- 200 Amp. Under 600 V	12.50		
201-1000 Amp. Under 600 V	25.00		
Over 1000 Amp. or Over 600 V	50.00		
Temp. Power Pole & Appurtenances	10.00		
Sign with One Branch Circuit	10.00		
Additional Sign Branch Circuits	2.00		
(Other) _____			
PERMIT FEE (Sub-Total)			6.00
PLAN CHECKING FEE (One-Fourth Permit Fee)			
PERMIT ISSUING FEE			\$6.00
TOTAL FEE			14.00

JOB ADDRESS	23735 Sandhurst	
LOCALITY	Co. Torrance	
NEAREST CROSS ST.	Pasatiempo	
OWNER OR FIRM NAME	Hulman	
MAIL ADDRESS		
CITY	Torrance	
Tel. No.		
PLAN CHECK APPLICANT		
ADDRESS		
CITY	Torrance	
Tel. No.	3252881	
PERMIT APPLICANT	Gene Dupont	
ADDRESS	3501 W. Compton Dr	
CITY	Torrance	
Tel. No.	3252881	
LICENSE OR REG. NUMBER	213414	Class. C-10
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.		
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.		
PERMITEE SIGNATURE	Gene Dupont	
DISTRICT NO.	12.	PROCESSED BY
		Clemente
APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING	8-23-74	Myer
FIXTURES	8-25-74	Myer
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL	8-25-74	Myer
NOTES		

INSPECTORS COPY

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION

MO. CASH

JUL 18 1974 2 A 14.00

Jelen

PLANS TO APPLICANT

INSPECTOR'S NOTES

TO:		RETURNED		APPROVED
NO.	DATE	NO.	DATE	

APPROVALS	REQUIRED		DATE RECEIVED OR APPROVED
	YES	NO	
WATER CERTIFICATE			
HEALTH DEPARTMENT			
FIRE DEPARTMENT			
GRADING			
GEOLOGICAL			
PEDESTRIAN PROTECTION (FENCE) (CANOPY)			
SPECIAL INSPECTION (CONC.) (MASNRY.) (WELDG.)			
LOT DRAINAGE			
PARKING			

APPROVALS	DATE	INSPECTOR'S SIGNATURE
LOCATION - (SETBACK & YARDS)	8-9-76	M. Aguiar
FOUNDATIONS		
FRAME	8-26-76	M. Aguiar
LATH/DRYWALL INTERIOR	8-26-76	M. Aguiar
LATH-EXTERIOR	8-26-76	M. Aguiar
HOUSE NUMBER CORRECT & POSTED		
FINAL - ENTER ON FRONT	8-29-77	M. Aguiar

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 23735 SANDHURST LN.

CITY HARBOR CITY ZIP

SIZE OF LOT NO. OF BLDGS. NOW ON LOT 1

TRACT 30177 BLOCK 55 LOT NO. 53

OWNER ALAN HOLMAN TEL. NO.

ADDRESS 23735 Sandhurst Ln

CITY H.C. ZIP

ARCHITECT OR ENGINEER TEL. NO.

ADDRESS

CONTRACTOR L + W Const. TEL. NO. 375 8906

ADDRESS 24228 ADOLPH LIC. NO. 248850

CITY TORR LIC. CLASS B1

CONSTRUCTION LENDER NAME AND BRANCH

ADDRESS CITY

SQ. FT. SIZE 400 NO. OF STORIES 2 NO. OF FAMILIES 1 CHECK ONE

DESCRIPTION OF WORK Family NEW ☐

room 19'3" X 20' ADD ☐

PATIO 12' X 16' ALTER ☐

USE OF EXISTING BLDG. REPAIR ☐

DEMOL ☐

APPLICANT (PRINT) W L FROELICH TEL. NO. 375 8906

BY (SIGNATURE) W L Froelich

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE W L Froelich

ADDRESS 24228 Adolph Ave

CITY Torr TEL. NO. 375-8906

VALUATION \$ 7,000

BUILDING ADDRESS 23735 Sandhurst

LOCALITY CA

NEAREST CROSS ST. Pasatiempo

ASSESSOR MAP BOOK PAGE PARCEL

DISTRICT 12 GROUP I TYPE CONST. ✓ FIRE ZONE 3 PROCESSED BY Bender

STATISTICAL CLASSIFICATION

CLASS NO. 21 DWELL. UNITS 0 SEWER MAP U BK 123

USE ZONE R1 MAP NO. 4231

SPECIAL CONDITIONS PP14149

ROAD DEPARTMENT APPROVAL REQUIRED YES ☐ NO ☒

BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)

HIGHWAY + YARD = TOTAL SETBACK FROM FRONT PROP. LINE TYPE OF HIGHWAY EXISTING WIDTH

+ =

BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)

HIGHWAY + YARD = TOTAL SETBACK FROM SIDE PROP. LINE TYPE OF HIGHWAY EXISTING WIDTH

+ =

CORNER CUTOFF YES ☐ NO ☒

IN OPEN SPACE YES ☐ NO ☒

IN COASTAL PERMIT ZONE YES ☐ NO ☒

O.K. for zoning with rear yards as shown, Contractor will hold same setback on "new patio" as corner of residence

W L Froelich 8/2/76

FINAL DATE 5-25-77 BY May 4

P.C. Fee \$ Permit Fee 48.00

Issuance Fee 6.00

Total Fee 54.00

INSPECTOR COPY

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK M.O. CASH

100813376 JUL 30 1 A 54.00

O'Neal